

### City of Annapolis Board of Supervisors of Elections 160 Duke of Gloucester Street Annapolis, MD 21401-2517

#### CITY OF ANNAPOLIS BOARD OF SUPERVISORS OF ELECTIONS

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2021 OCT -5 PM 4: 08

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#### Campaign Fund Report Summary of Receipts and Disbursements

SH	HEILA M. FINLAYS	SON			ALDERWOMAN			4
_			or committee as filed with the election office		Office			Ward
Ва	nk information		<u>Bank name</u>		Δ	.cc	ount number	
1.	Checking	SEV	/ERN BANK		On file with Election	ns	Office	
2.	Other				On file with Election			
					On file with Election	ns	Office	
Tra	ansaction period fro	om:	SEPT 13, 2021 to	•	OCT 3, 2021			
	Due no later than	4:30	OPM on the dates specified in the Candidate	1	landbook			
	Final Report (Ched	ck if	you intend to close the account.) Surplus fund	ıd	s distributed to ( <u>4.</u> 4	4.0	)40):	····
	Amended Report (	Che	ck if this is a filing of an amended report for th	h	e above transactio	ı p	eriod.)	
Su	mmary of Receip	ts ar	nd Disbursements					
1.	Cash balance - I	begir	nning of transaction period			\$	6,431.95	
2.	Receipts from S	ched	lule 1, column 4				1,100.00	
3,	Proceeds from S	Sche	dule 2, column 4				00.00	
4.	Total cash availa	able	(Add lines 1, 2 and 3)		;	\$	7,531.95	
5.	Disbursements f	rom	Schedule 3:					
	Column 4	\$	1,200.00					
	Column 5		00.00					
	Column 6		00.00					
6.	Total disburseme	ents			:	\$	1,200.00	
7.	Cash balance - e	end d	of transaction period (Subtract line 6 from line	е	4)		6,331.95	
8.	Total outstanding	g obl	igations from Schedule 4		;	\$	00.00	
9.	In-kind contributi	ions	from Schedule 5, column 4		;	\$	00.00	
and	to the best of my	kno	I declare that I have examined this report, i wledge and belief it is true, correct and comp ttee, treasurer and chair must sign report.)				T	
Cai	ndidate <u>Shee</u>	la	M. Sulapon		D	ate	10-3-2021	
Tre	asurer ())		D. Whe		D	ate	10-3-2021	<del></del>
Cha	air of Committee o	r Sla	te		D	ate		

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Name of candidate, fund or committee SHEILA M. FINLAYSON

Report period - transactions from SEPT 13, 2021 to OCT 3, 2021

Schedule 1 - Contributions and Receipts

(Excluding Transfers, Loans and In-kind Contributions)

Date received	Complete name and residence address of Payer**		tion of receipt. S	ee instructions for code.	Amount
		Code *	Ticket price	Cash	
	***PLEASE SEE ATTACHED***			Check #	
		* T, ente	r price per ticket	EFT	
	"Other" Description:	•		Rcpt #	
	AGGREGATE AMOUNT RECEIVE	D FROM	PAYER TO DAT	E\$	
		Code *	Ticket price	Cash	
				Check#	
	!	* T, ente	price per ticket	EFT	
	"Other" Description:	•		Rcpt #	
	AGGREGATE AMOUNT RECEIVE	D FROM	PAYER TO DAT	E\$	
		Code *	Ticket price	Cash	
				Check#	
		* T, ente	price per ticket	EFT	
	"Other" Description:			Rcpt #	
	AGGREGATE AMOUNT RECEIVE	D FROM	PAYER TO DAT	E\$	
		Code *	Ticket price	Cash	
				Check #	
		* T, enter	price per ticket	EFT	
	"Other" Description:			Rcpt #	
	AGGREGATE AMOUNT RECEIVE	D FROM	PAYER TO DAT	E\$	
		Code *	Ticket price	Cash	
				Check#	
		* T, enter	price per ticket	EFT	
	"Other" Description:			Rcpt #	
	AGGREGATE AMOUNT RECEIVE	D FROM	PAYER TO DAT	E\$	

Total this page \$ 1,100.00

<sup>\*\*</sup>Note – In order to receive contributions from a Political Action Committee (PAC), the PAC must be registered as certified/qualified and active with the Maryland State Board of Elections. If a PAC directly or indirectly, expends \$51.00 or more to aid or oppose the nomination or election of a candidate, the PAC shall report a statement of contributions and expenditures to the candidate's treasurer and said statement shall be included in this report. This provision applies to any PAC located outside of the City with respect to any expenditures of funds within the City.

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Prepared by Faye B. Currie

# NAME OF CANDIDATE: SHEILA M. FINLAYSON ALDERWOMAN WARD 4 <u>SCHEDULE 1-CONTRIBUTIONS RECEIPTS</u> REPORT PERIOD-TRANSACTIONS: 9-13-21 THRU 10-3-2021

AGGREGATE AMT	TO DATE	\$1,000.00	\$100.00	777		T PROPERTY OF THE PROPERTY OF							
	CODE	υ	U										
	CHECK#	10901	4835										
	AMOUNT	\$1,000.00	\$100.00						\$1,100.00				
	CITY & STATE	ANNAPOLIS, MD 21401	WASHINGTON, DC 20018-1645						GRAND TOTAL				
	ADDRESS OF PAYER		3118 BANNEKER DR NE										
	COMPLETE NAME	LIFF, WALSH & SIMMONS LLC	KERWIN E MILLER, ESQ										
DATE	RECEIVED	9/20/21	9/24/21										

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Name of candidate, fund or committee	SHEILA M. FINLAYSON		
Report period - transactions from SEPT	13, 2021	to OCT 3, 2021	

#### Schedule 2 - Loans and Transfers

Date received	Complete name and residence address of lender or transferor	Description of loan or transfer	Amount
	NONE	Aggregate amount of loan or transfer \$	
		Loan Consent Form filed herewith Yes	
		Aggregate amount of loan or transfer \$  Loan Consent Form filed herewith Yes	
		Loan Consent Form flied herewith   Yes	
		Aggregate amount of loan or transfer \$	
		Loan Consent Form filed herewith Yes	
		Aggregate amount of loan or transfer \$  Loan Consent Form filed herewith Yes	
		Loan Consent Form med herewith Tes	
		Aggregate amount of loan or transfer \$	
		Loan Consent Form filed herewith Yes	
		Aggregate amount of loan or transfer \$  Loan Consent Form filed herewith Yes	
		ESCHI CONCORD I SHARE THE	
		Aggregate amount of loan or transfer \$	
		Loan Consent Form filed herewith Yes	
		Aggregate amount of loan or transfer \$  Loan Consent Form filed herewith   Yes	

Total this page \$ 00.00



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Name of candidate, fund or committee SHEILA M. FINLAYSON Report period - transactions from SEPT 13, 2021

Schedule 3 - Disbursements to OCT 3, 2021

	inds (candidate ne required)	Amount																					00'
9	Transfers to other funds (candidate or committee name required)	Name																					
5	Loan Payments	Amount																					00.
4	All payments other than loan payments and transfers to other funds	Amount																					1,200.00 .00
	All paym loan po transfers	Code		·	·																		
3	Payment Method					scription:				scription:				scription:				scription:				scription:	
	Paymer		Check #	Cash	EFT	"Other" Description:	Check #	Cash	EFI	"Other" Description:	Check #	Cash	EFT	"Other" Description:	Check #	Cash	EFT	"Other" Description:	Check #	Cash	EFT	"Other" Description:	
2	Payee and Address			***PLEASE SEE ATTACHED***		6											-						Totals this page \$
	Dafe																						

## NAME OF CANDIDATE: SHEILA M FINLAYSON ALDERWOMAN WARD 4 SCHEDULE 3-DISBURSEMENTS REPORT PERIOD: 9/13/2021 TO 10/3/2021

			ALL PAYMENTS OTHER THAN LOAN PAYMENTS & TRX TO OTHER FUNDS			TXF TO OTHER FUNDS	
DATE	PAYEE & ADDRESS	PAYMENT METHOD	CODE	AMOUNT	LOAN PAYMENTS	NAME & AMOUNT	"OTHER" DESCRIPTION
9/17/21	Sheila Finlayson 131 Brightwater Dr Annapolis MD 21401	check #1183	0	\$500.00			Reimbursement community event- Bywaters
9/21/21	Sandra Gray 1802 D Copeland St Annapolis MD 21401	check #1184	0	\$700.00			Reimbursement Community event
			GRAND TOTAL	\$1,200.00			

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Name of candidate, fund or committee SHEILA	. FINLAYSON
Report period - transactions from SEPT 13, 202	

#### Schedule 4 - Outstanding Obligations as of End of Report Period

2	3	4
Description of debt (Loans, unpaid bills, etc.)	Date debt incurred	Amount
		•
	- 181 114	
	Description of debt	Description of debt Deta debt inquired

Total this page	\$ 00.00	

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Report period - transactions from SEPT 13, 2021 to OCT 3, 2021

#### Schedule 5 - In-kind Contributions

1	2	3	4
Date	Name and address of contributor	Description of In-kind Contribution	Fair Market Value (during this report period)
	NONE		
***************************************			